

CUSTODY, PARENTING TIME (Formerly known as “VISITATION”) and CHILD SUPPORT

1

**To Change an
Existing Court Order**
(Forms Packet)

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SELF SERVICE CENTER

TO CHANGE A COURT ORDER FOR CUSTODY PARENTING TIME (formerly known as “Visitation”) and CHILD SUPPORT (FORMS ONLY)

How to assemble these documents

This packet contains court forms to file for the court order to change child custody and/or parenting time with child support. Be sure the documents are in the following order:

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SELF SERVICE CENTER

PETITION TO CHANGE a COURT ORDER FOR CHILD CUSTODY, PARENTING TIME (Formerly known as “VISITATION”) and CHILD SUPPORT

CHECKLIST

Use the forms and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ You want to file court papers to change child custody, parenting time and child support, **AND**
- ✓ The other party will not agree to the change, **AND**
- ✓ The court order that you want to change is from an Arizona court **or** the children subject to the order you want to change have resided (lived) in Arizona at least 6 months before you file the petition papers, or you talked to a lawyer who advised you that you could pursue your case in Arizona, **AND**

One or more of the following has occurred:

- ✓ Domestic violence, spousal abuse, or child abuse has occurred since the custody order was signed, **OR**
- ✓ The child(ren)'s present surroundings may endanger the child(ren)'s physical, mental or emotional health, **OR**
- ✓ The order that you want to change was dated at least one year ago and it is in the child(ren)'s best interest to make a change to that order, **OR**
- ✓ The joint custody order that you want to change was dated at least six months ago and the other party has failed to comply with the provisions of the joint custody order.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) OR
 Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner (in original case)

Case Number: _____

PETITION TO MODIFY CHILD CUSTODY, PARENTING TIME (formerly known as "VISITATION") and SUPPORT

Name of Respondent (in original case)

I, _____ am the ☐ Petitioner or ☐ Respondent or ☐ Other
(print your name) and make the following statements to the court, under oath:

GENERAL INFORMATION:

1. Information about Me

Name: _____

Address: _____

Social Security Number: _____

How I am related to child(ren) for whom the CUSTODY/PARENTING TIME order should be changed:
☐ Mother or ☐ Father or ☐ Other: (explain) _____

2. Information about the Other Party

Name: _____

Address: _____

Social Security Number: _____

How the other party is related to child(ren) for whom the CUSTODY/PARENTING TIME order should be changed:
☐ Mother or ☐ Father or ☐ Other: (explain) _____

3. Information about the child(ren) for whom I want the custody/parenting time order changed:

Child's Name _____ Child's Name _____

Birth date _____ Age: _____ Birth date _____ Age: _____

Child's Name _____ Child's Name _____

Birth date _____ Age: _____ Birth date _____ Age: _____

4. **Affidavit regarding Minor Children.** ☐ The children have resided in Arizona since the entry of the last Arizona Custody Order or ☐ I have attached an Affidavit regarding Minor Children.
5. **Information about the Order I want to change:** (Check A or B, then complete the information)
- A. ☐ **The Order is from the Superior Court in Maricopa County.**
1. Order/decree is dated: _____ (month, day, year).
 2. The name of the judge who signed the order is: _____
- OR**
- B. ☐ **The Order is from the Superior Court in Arizona but from another county or the Order is not from Arizona.** The child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition. I have filed a certified copy of this Order with the Clerk of the Court, and a copy of the order/decree is attached to this Petition.
- Order/decree is dated: _____ (month, day, year).
- Name of state: _____
- Name of county in state: _____
6. **DOMESTIC VIOLENCE.** ☐ No significant domestic violence has occurred or ☐ domestic violence has occurred. Explain _____
7. **WHAT YOUR ORDER NOW SAYS:** Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary) **OR** incorporate the Order which is already a part of the court's file, and attach a copy of the Order to the judge's copy of this Petition and all other parties' copies of this Petition. (I have **not** attached a copy of the Order to the original Petition.) _____
7. **WHY THE DECREE/ORDER SHOULD BE CHANGED:** These are my reasons why I believe that a change of custody and/or parenting time is in the best interest of the child(ren) (Use extra pages if necessary): _____
8. **REQUESTS I MAKE TO THE COURT:**
- A. **CUSTODY AND PARENTING TIME.**
- ☐ **Joint Legal Custody.** I want the parties to be awarded joint legal custody of the child(ren) _____ subject to a Parenting Plan to be submitted later.
(name(s) of child(ren))
- OR**
- ☐ **Sole custody.** Sole custody of _____ (name(s) of child(ren)) should be awarded to ☐ **Mother** ☐ **Father** or ☐ **Other** and/or Sole custody of _____ (name(s) of child(ren)) should be awarded to ☐ **Mother** or ☐ **Father** or ☐ **Other**, subject to parenting time as follows: _____

1. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the Maricopa County Parent/Child Parenting time/Access Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father**
Supervised parenting time or no parenting time is requested for the following reasons:

B. CHILD SUPPORT. ☐ **Mother** or ☐ **Father** should pay child support to the other party in the amount of \$ _____ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached **“Child Support Worksheet.”** All child support payments should be made through the Clerk of the Superior Court/Clearinghouse, and will be subject to an applicable statutory fee through an automatic Order of Assignment.

C. MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES. ☐ **Mother** or ☐ **Father** should provide medical and dental insurance for the minor child(ren) and that the parties should be ordered to pay for all reasonable unreimbursed medical, dental, health-related expenses incurred for the child(ren) in proportion to their respective incomes or _____ % by Mother and _____ % by Father.

D. INCOME TAX DEDUCTION. Mother should claim the tax deduction for _____ (name(s) of child(ren)) ☐ every year **or** ☐ every other year.
Father should claim the tax deduction for _____ (name(s) of child(ren)) ☐ every year **or** ☐ every other year.

E. OTHER ORDERS. I request further Orders relating to this matter as follows:

OATH AND VERIFICATION

STATE OF ARIZONA)
County of Maricopa) sworn statement

I swear under oath, state that I have read this Petition and all the statements are true and correct and complete to the best of my knowledge and belief.

Signature of Person Filing Document

Subscribed and sworn to before me this date:

(month, date, year)

My commission expires:

Notary Public

Name of Person Filing: _____
 Address: _____
 City, State, Zip Code: _____
 Day/Evening Telephone: _____ / _____
 ATLAS Number (if applicable) _____
 Attorney Bar Number (if applicable) _____
 Representing: ☐ Self ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

_____ Case Number: _____
 Name of Petitioner

 Name of Respondent

**NOTICE OF FILING PETITION FOR
MODIFICATION OF CHILD CUSTODY**
 (A.R.S. 25-1035)

A Petition for Modification of Child Custody has been filed. A copy of the petition and/or affidavits is served on you with this Notice.

If you do not want a modification order taken against you without your input, you must file a response in writing with the court within twenty (20) days from the date of service. A copy of each response document shall be provided to the applicant's attorney or, if unrepresented, the applicant and to the assigned division.

No sooner than five (5) days after expiration of the time permitted for the filing of the response, either party or attorney shall provide a Request for Order Granting or Denying Custody Hearing to the assigned division. The court shall determine whether a custody hearing should be granted. A copy of the court's determination shall be mailed by the court to all persons entitled to notice.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least five (5) days before your scheduled court date.

Signed and sealed this date: _____

MICHAEL K. JEANES, CLERK OF SUPERIOR COURT

By: _____
Deputy Clerk

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, and Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable) _____
 Attorney Bar Number (if applicable): _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Name of Petitioner (in original case)

Case Number _____

 Name of Respondent (in original case)

ORDER TO APPEAR REGARDING PETITION FOR CHANGE OF CUSTODY, PARENTING TIME (Formerly "VISITATION") AND SUPPORT (A.R.S. 25-411)

This is an important Court Order that affects your rights. Read this Order carefully. If you do NOT understand this Order, contact a lawyer for legal advice.

Based on the "*Petition for Change of Custody, Parenting time, and Support*" and pursuant to Arizona law,

IT IS ORDERED

1. That Petitioner _____ and Respondent _____ appear at the time and place stated below so the court can determine whether the Petition should be granted.

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: **Maricopa County Superior Court**

101 West Jefferson	201 West Jefferson	222 East Javelina	14264 W. Tierra Buena Lane
_____ Floor	_____ Floor	_____ Floor	_____ Floor
Phoenix, Arizona	Phoenix, Arizona	Mesa, Arizona	Surprise, Arizona

AMOUNT OF TIME FOR HEARING: This is a **15 minute** proceeding. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

2. That a true copy of this "*Order to Appear*" and a true copy of the Petition, Affidavits, and related documents filed with the Petition shall be served by process server or sheriff by the moving party on the responding party no later than _____, and in accordance with Rule 4, 4.1 and 4.2, Arizona Rules of Civil Procedure.
3. The responding party may file a "Response and Opposing Affidavit(s)" by _____ (date). Copies of the "Response and Opposing Affidavits" must be served on the moving party or if the moving party is represented on his or her attorney by mail and in accordance with Rule 5, Arizona Rules of Civil Procedure.

DONE IN OPEN COURT: _____

 Judge/Commissioner of the Superior Court

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA(2) COUNTY**

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
Basic Child Support Obligation	(16)	\$	_____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	FATHER		MOTHER	
Each Parent's % of Combined Income	_____	% (24)	_____	%
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____	

Adjustment for Non Custodial Parent's Costs Associated with Parenting TimeUsing Table A ☐ Table B ☐ (26)

No. of Days _____ = _____% Adjustment (from table)

x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

Medical/Dental/Vision Insurance* \$ _____ (28) \$ _____

Childcare* \$ _____ (29) \$ _____

Education Expenses* \$ _____ (30) \$ _____

Extraordinary/Special Needs Child Expenses* \$ _____ (31) \$ _____

*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (33) \$ _____

Self Support Reserve Test for Parent Who Will Pay

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ _____ (34) \$ _____

Child Support to be Paid by: Father ☐ Mother ☐ \$ (35) \$

Share of Travel Expenses Related to Parenting Time* _____ % (36) _____ %

*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance _____ % (37) _____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date_____
Signature of Parent

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, and Zip Code: _____
 Your Telephone Number: _____
 Atlas Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without Attorney) OR
 Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner

Case Number: _____

and

AFFIDAVIT REGARDING MINOR CHILDREN

Name of Respondent

NOTICE: This "Affidavit Regarding Minor Children" is required for all custody cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

- 1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name _____
 Birthdate: _____ Age: _____
 Name _____
 Birthdate: _____ Age: _____

Name _____
 Birthdate: _____ Age: _____
 Name _____
 Birthdate: _____ Age: _____

- 2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.**

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

- 3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE CUSTODY PARENTING TIME OF THE CHILD(REN).** (Check one box.)

☐ I have or ☐ I have **not** been a party/witness in court in this state or in any other state that involved the custody parenting time of the child(ren) named above. (If so, explain on separate paper,. If not, go on.)

Case No. _____

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE CUSTODY OF THE CHILD(REN). (Check one box.)

☐ I do have or ☐ I do not have information about a custody parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

5. CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

OATH AND VERIFICATION

State of Arizona)
Maricopa County) sworn statement

I have read the "**Affidavit of Minor Children**" and know of my own knowledge that the information stated in it is true and correct, and that any false information may constitute perjury by me.

Name of Person Making Affidavit

Subscribed and sworn to before me on this date: _____
(month, day, year)

My commission expires: _____
Notary Public